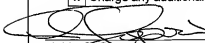


AMENDMENT TRANSMITTAL LETTER				Docket No. 04266/100M275-US1	
Application No. 10/768,953-Conf. #4561	Filing Date January 29, 2004	Examiner L. A. Royds	Art Unit 1614		
Applicant(s): Amedeo Leonardi et al.					
Invention: TREATMENT OF NEUROMUSCULAR DYSFUNCTION OF THE LOWER URINARY TRACT WITH SELECTIVE MGLU5 ANTAGONISTS					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	65	- 65 =	0	x 50.00	0.00
Independent Claims	2	- 3 =	0	x 210.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					460.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					460.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. <u>04-0100</u> in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> Payment by credit card.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u> as described below.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Adda C. Gogons Attorney/Agent Reg. No.: 29,714 DARBY & DARBY P.C. P.O. Box 770 Church Street Station New York, New York 10008-0770 (212) 527-7727				Dated: <u>November 14, 2007</u>	